Printed on: 5/27/2010 11:45:51 PM

| National Transportation Safety Board    | NTSB                  | ID: DCA10RA0                     | 17                 | Aircraft Registration Number: N977AN |                          |  |  |  |
|---|-----------------------|----------------------------------|--------------------|--------------------------------------|--------------------------|--|--|--|
| FACTUAL REPORT                          | FACTUAL REPORT Occurr |                                  |                    | Most Critical Injury: Minor          |                          |  |  |  |
| AVIATION                                | Occurr                | Occurrence Type: Accident        |                    |                                      | Investigated By: Foreign |  |  |  |
| Location/Time                           |                       |                                  |                    |                                      |                          |  |  |  |
| Nearest City/Place                      | State                 | Zip Code                         | Local Time         | Time Zone                            |                          |  |  |  |
| Kingston                                |                       |                                  | 2222               | EST                                  |                          |  |  |  |
| Airport Proximity: Off Airport/Airstrip | Distance Fron         | n Landing Facility:              | anding Facility: 0 |                                      |                          |  |  |  |
| Aircraft Information Summary            |                       |                                  |                    |                                      |                          |  |  |  |
| Aircraft Manufacturer                   | Model/Serie           | S                                |                    | Type of Aircraft                     |                          |  |  |  |
| BOEING                                  | 737/823               |                                  |                    | Airplane                             |                          |  |  |  |
| Revenue Sightseeing Flight: No          | Air I                 | Air Medical Transport Flight: No |                    |                                      |                          |  |  |  |

## Narrative

Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

On December 22, 2009, about 2222 eastern standard time, a Boeing 737-823, N977AN, registered to Wells Fargo Bank Northwest N.A. Trustee, and operated by American Airlines as flight 331 a Title 14 CFR Part 121 international passenger flight from Miami, Florida, to Kingston, Jamaica, overran runway 12 while landing at the Norman Manley International Airport. Instrument meteorological conditions prevailed in the area, with reportedly heavy rain at the time, and an instrument flight rules flight plan was filed. There were 154 persons onboard, including the pilot, co-pilot, four flight attendants and 148 passengers. Numerous injuries were reported. The flight originated at Miami International Airport, Miami, Florida, about 2022.

This accident investigation is under the jurisdiction of the Government of Jamaica. Any further information pertaining to this accident may be obtained from:

Jamaican Civil Aviation Authority

4 Winchester Road

Kingston 10 Jamaica W.I

Telephone: (876)960-3948 Facsimile: (876)960-1637

This report is for informational purposes only, and contains only information obtained for or

released by the Government of Jamaica.

Updated on Feb 22 2010 12:16PM

National Transportation Safety Board
FACTUAL REPORT

NTSB ID: DCA10RA017

Occurrence Date: 12/22/2009

| AVIATION  |                    | Occur   | rence Type     | : Ac                               | cident          |      |                     |                      |                |            |       |           |
|---|--------------------|---|----------------|------------------------------------|-----------------|------|---------------------|----------------------|----------------|------------|-------|-----------|
| Landing Facility/Approach Information                       |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Airport Name  |                    | /   | Airport ID:    | Ai                                 | rport Elevation | Run  | way Used            | Runwa                | y Lengt        | th         | Runv  | vay Width |
| Norman Manley International                                 | MKJP               |   | 10 Ft. MSL     | 12                                 |                 | 8911 |                     |                      | 151            |            |       |           |
| Runway Surface Type: Asphalt                                |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Runway Surface Condition: Wet                               |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Approach/Arrival Flown: ILS                                 |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| VFR Approach/Landing: Straight-                             | in                 |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Aircraft Information  |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Aircraft Manufacturer<br>BOEING                             |                    |   | Model<br>737/8 |                                    | ies             |      |                     |                      | Serial<br>2955 | Numbe<br>0 | er    |           |
| Airworthiness Certificate(s): Trans                         | sport              |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Landing Gear Type: Retractable - Tricycle                   |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Amateur Built Acft? No                                      | Certifie           | ed Ma   | ax Gross Wt.   |                                    |                 | LBS  | Numbe               | Number of Engines: 2 |                | : 2        |       |           |
| Engine Type: En   |                    |   |                | Engine Manufacturer: Model/Series: |                 |      |                     |                      |                |            | Rate  | d Power:  |
| - Aircraft Inspection Information                           |                    |   |                |                                    |                 |      | •                   |                      |                | •          |       |           |
| Type of Last Inspection Da                                  |                    |   |                | Date of Last Inspection Time Sind  |                 |      | nce Last Inspection |                      |                | Airfran    | ne To | tal Time  |
|   |                    |   |                | F                                  |                 |      |                     |                      | Hours Hours    |            |       |           |
| - Emergency Locator Transmitter (                           | ELT) Information   |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| ELT Installed?/Type Yes /                                   | ELT Opera          | ELT Operated? No ELT Aided in Locating Accident Site? |                |                                    |                 |      |                     |                      |                |            |       |           |
| Owner/Operator Information                                  |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Registered Aircraft Owner                                   | Street /           | Street Address<br>299 S MAIN ST 12TH FL               |                |                                    |                 |      |                     |                      |                |            |       |           |
| Wells Fargo Bank Northwest N                                | City               |   |                |                                    |                 |      |                     | Stat                 | е              | Zip Code   |       |           |
|   | Street A           | Salt Lake City UT 84111 Street Address                |                |                                    |                 |      |                     |                      |                | 84111      |       |           |
| Operator of Aircraft  |                    |   | Olicet 7       | Taure                              | 233             |      |                     |                      |                |            |       |           |
| American Airlines Inc.,                                     |                    |   |                | City                               |                 |      |                     |                      |                |            | е     | Zip Code  |
| Operator Does Business As:                                  |                    | Dallas TX Operator Designator Code: AALA              |                |                                    |                 |      |                     |                      |                |            |       |           |
| - Type of U.S. Certificate(s) Held:                         |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Air Carrier Operating Certificate(s): Flag Carrier/Domestic |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
|   |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Operating Certificate: Operator Certificate:                |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Regulation Flight Conducted Under: Part 121: Air Carrier    |                    |   |                |                                    |                 |      |                     |                      |                |            |       |           |
| Type of Flight Operation Conducted                          | d: Scheduled; Inte | rnation   | al; Passer     | nger                               | Only            |      |                     |                      |                |            |       |           |
|   | ]                  | FACTU   | JAL REPO       | )RT                                | - AVIATION      |      |                     |                      |                |            |       | Page 2    |

## National Transportation Safety Board FACTUAL REPORT AVIATION

NTSB ID: DCA10RA017

Occurrence Date: 12/22/2009

| AVIATION Occi   |  |       |                 |           | Occurrence Type: Accident |              |        |                        |          |                           |            |          |                     |           |  |
|---|--|-------|-----------------|-----------|---------------------------|--------------|--------|------------------------|----------|---------------------------|------------|----------|---------------------|-----------|--|
| First Pilot Information   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Name  | City   |       |                 |           |                           | Sta          | te     | Date of Birth          | Age      |                           |            |          |                     |           |  |
| On File   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Sex: M Seat Occupied: Left Occupational Pilot? Certificate Number |  |       |                 |           |                           |              |        |                        |          | er:                       |            |          |                     |           |  |
| Certificate(s): Airline Transport                                 |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Airplane Rating(s):   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Rotorcraft/0  | Glider/LTA:                                      |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Instrument  | Rating(s):                                       |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Instructor Rating(s):   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Current Bie   | nnial Flight Revie                               | ew?   |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Medical Ce  | rt.:   | Medic | al Cert. Status | S:        |                           |              |        |                        | 1        | Date of La                | ast Me     | edical E | kam:                |           |  |
|   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| - Flight Tim  | - Flight Time Matrix All A/C This Make and Model |       |                 |           | Airplane<br>Mult-Engine   | Night Actual |        | Instrument I Simulated |          |                           | Rotorcraft | Glider   | Lighter<br>Than Air |           |  |
| Total Time  |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Pilot In Con  | nmand(PIC)                                       |       |                 |           |                           | -            |        |                        |          | 4                         |            |          |                     |           |  |
| Instructor  |  |       | $\vdash$        |           |                           | -            |        |                        |          |                           | +          |          |                     |           |  |
| Instruction I   |  |       |                 |           |                           |              |        |                        | _        |                           | +          |          |                     |           |  |
| Last 90 Day   |  |       | $\vdash$        |           |                           |              |        |                        | $\dashv$ |                           | +          |          |                     |           |  |
| Last 24 Ho  |  |       |                 |           |                           |              |        |                        |          |                           | +          |          |                     |           |  |
| Seatbelt Us   |  | Shou  | ulder Harness   | Used? Yes |                           |              | Toxico | ology Pe               | rform    | formed? Second Pilot? Yes |            |          |                     |           |  |
| Flight Pla  | n/Itinerary                                      |       |                 |           |                           |              |        |                        |          |                           |            | •        |                     |           |  |
| Type of Flig  | ht Plan Filed: IF                                | R     |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Departure F   | Point  |       |                 |           |                           |              | State  |                        | Airpoi   | rport Identifier D        |            |          | ture Time           | Time Zone |  |
| Miami   |  |       |                 |           |                           |              | FL     |                        | MIA      |                           |            | 1 ' 1    |                     | EST       |  |
| Destination   | 1  |       |                 |           |                           |              | State  |                        | Airpoi   | rt Identifie              | er         |          |                     |           |  |
| Same as Accident/Incident Location                                |  |       |                 |           |                           |              |        |                        | MKJP     |                           |            |          |                     |           |  |
| Type of Clearance: IFR  |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Type of Airspace:   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Weather Information   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Source of Wx Information:   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
| Company   |  |       |                 |           |                           |              |        |                        |          |                           |            |          |                     |           |  |
|   |  |       |                 | FACTUAL   | REPORT                    | - AVI        | ATION  | ٧                      |          |                           |            |          |                     | Page 3    |  |

## National Transportation Safety Board FACTUAL REPORT

NTSB ID: DCA10RA017

Occurrence Date: 12/22/2009

| AVIATION            |                     |              |                     | rence Type | e: Acciden | t              |                    |            |                              |  |
|---------------------|---------------------|--------------|---------------------|------------|------------|----------------|--------------------|------------|------------------------------|--|
| Weather Information |                     |              |                     |            |            |                |                    |            |                              |  |
| WOF ID              | Observation Time    | Time Zone    | WOF Ele             | vation     | WOF Di     | stance From    | Accident Site      | ı          | Direction From Accident Site |  |
|                     |                     |              |                     |            |            |                |                    |            |                              |  |
|                     |                     |              |                     | Ft. MSL    |            |                | NM                 |            | Deg. Mag.                    |  |
| Sky/Lowes           | st Cloud Condition: |              |                     |            |            | Ft. AGL        | _ Condition o      | of Light   | :: Night/Dark                |  |
| Lowest Ce           | eiling:             |              | Ft. AGL Visibility: |            |            |                | Altim              | neter: "Hg |                              |  |
| Temperatu           | ure: °C             | Dew Point:   | C                   | C Wea      | ther Condi | tions at Accid | lent Site: Instrum | nent C     | onditions                    |  |
| Wind Direc          | ction: 320          | Wind Spe     | ed: 14              | •          | Wind       | d Gusts:       |                    |            |                              |  |
| Visibility (F       | RVR): Ft.           | Visibility ( | RVV)                | SM         |            |                |                    |            |                              |  |
| Precip and          | d/or Obscuration:   |              |                     |            |            |                |                    |            |                              |  |
|                     |                     |              |                     |            |            |                |                    |            |                              |  |
|                     |                     |              |                     |            |            |                |                    |            |                              |  |
|                     |                     |              |                     |            |            |                |                    |            |                              |  |
|                     |                     |              |                     |            |            |                |                    |            |                              |  |
| Accident            | Information         |              |                     |            |            |                |                    |            |                              |  |
| Aircraft Da         | mage: Substantial   | Aircraf      | Fire: Non           | e          |            | Aircraft Exp   | olosion            | None       |                              |  |
|                     |                     |              |                     |            |            |                |                    |            |                              |  |
| - Injury Su         | mmary Matrix        | Fatal        | Serious             | Minor      | None       | TOTAL          |                    |            |                              |  |
| First Pi            | ilot                |              |                     | 1          |            | 1              |                    |            |                              |  |
| Second              | d Pilot             |              |                     |            | 1          | 1              |                    |            |                              |  |
| Studen              | nt Pilot            |              |                     |            |            |                |                    |            |                              |  |
| Flight I            | nstructor           |              |                     |            |            |                |                    |            |                              |  |
| Check               | Pilot               |              |                     |            |            |                |                    |            |                              |  |
| Flight E            | Engineer            |              |                     |            |            |                |                    |            |                              |  |
| Cabin /             | Attendants          |              |                     |            | 4          | 4 4            |                    |            |                              |  |
| Other (             | Crew                |              |                     |            |            |                |                    |            |                              |  |
| Passer              | ngers               |              |                     | 14         | 134        | 148            |                    |            |                              |  |
| - TOTAL A           | ABOARD -            |              |                     | 15         | 139        | 154            |                    |            |                              |  |
| Other 0             | Ground              |              |                     |            | -          |                |                    |            |                              |  |
| - GRANI             | D TOTAL -           |              |                     | 15         | 139        | 154            |                    |            |                              |  |
|                     |                     | <u>'</u>     | •                   | <u> </u>   |            |                |                    |            |                              |  |

National Transportation Safety Board

NTSB ID: DCA10RA017

| 1 detonal Transportation Sujety Board                      |                             |  |
|--|-----------------------------|--|
| FACTUAL REPORT   | Occurrence Date: 12/22/2009 |  |
| FACTUAL REPORT AVIATION                                    | Occurrence Type: Accident   |  |
| Administrative Information                                 |                             |  |
| Investigator-In-Charge (IIC)                               |                             |  |
| John W. Lovell   |                             |  |
| Additional Persons Participating in This Accident/Incident | ent Investigation:          |  |
|  |                             |  |
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